

21st October 2020

Structural and behavior change interventions to improve experience of care for sick very young children (0 to 24 months of age) and their parents in hospital settings in Kenya

Preliminary Results: Baseline Provider Survey



Provider Behaviour Change (PBC) Interventions

PBC interventions, go beyond clinical training and support (e.g., technical job aids), and seek to influence provider behavior to improve quality of services, enhance client experiences, increase demand, and increase uptake of commodities or adoption of healthier behaviors.

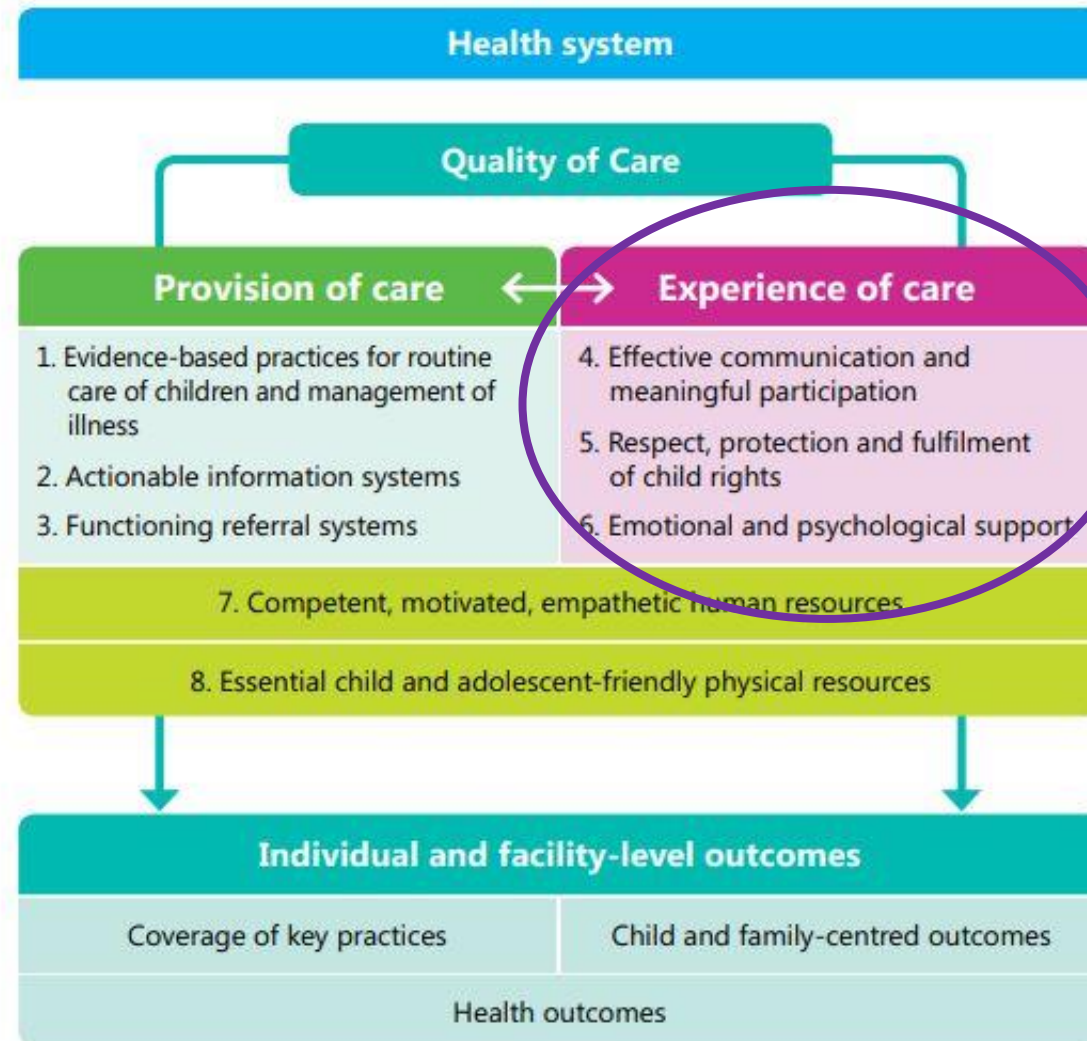
4 key factors that influence provider behaviors have been identified:

- 1. Internal Motivation and Attitudes**—Providers are sufficiently rewarded for their work and hold attitudes, beliefs and norms that support quality care.
- 2. Expectation**—Providers understand performance expected and what is quality care.
- 3. Opportunity**—Providers have the environment and resources needed to do their jobs.
- 4. Ability**—Providers have skills/knowledge needed to carry out tasks in their scope of work and feel confident in their abilities.

Background

- Quality of care (QoC) remains central to newborn and child health outcomes (WHO MNH and Child Health QoC frameworks)
- Increasing coverage of interventions alone will not deliver outcomes needed to reach mortality reduction targets
- Care for newborn and young child is addressed well in standards for “provision of care”, but little attention is given to “experience of care”
- Limited evidence exists on how to include parents and family in caring for their sick baby or child up to 2 years in low resource settings

MNH Framework (World Health Organisation)



Study Goal

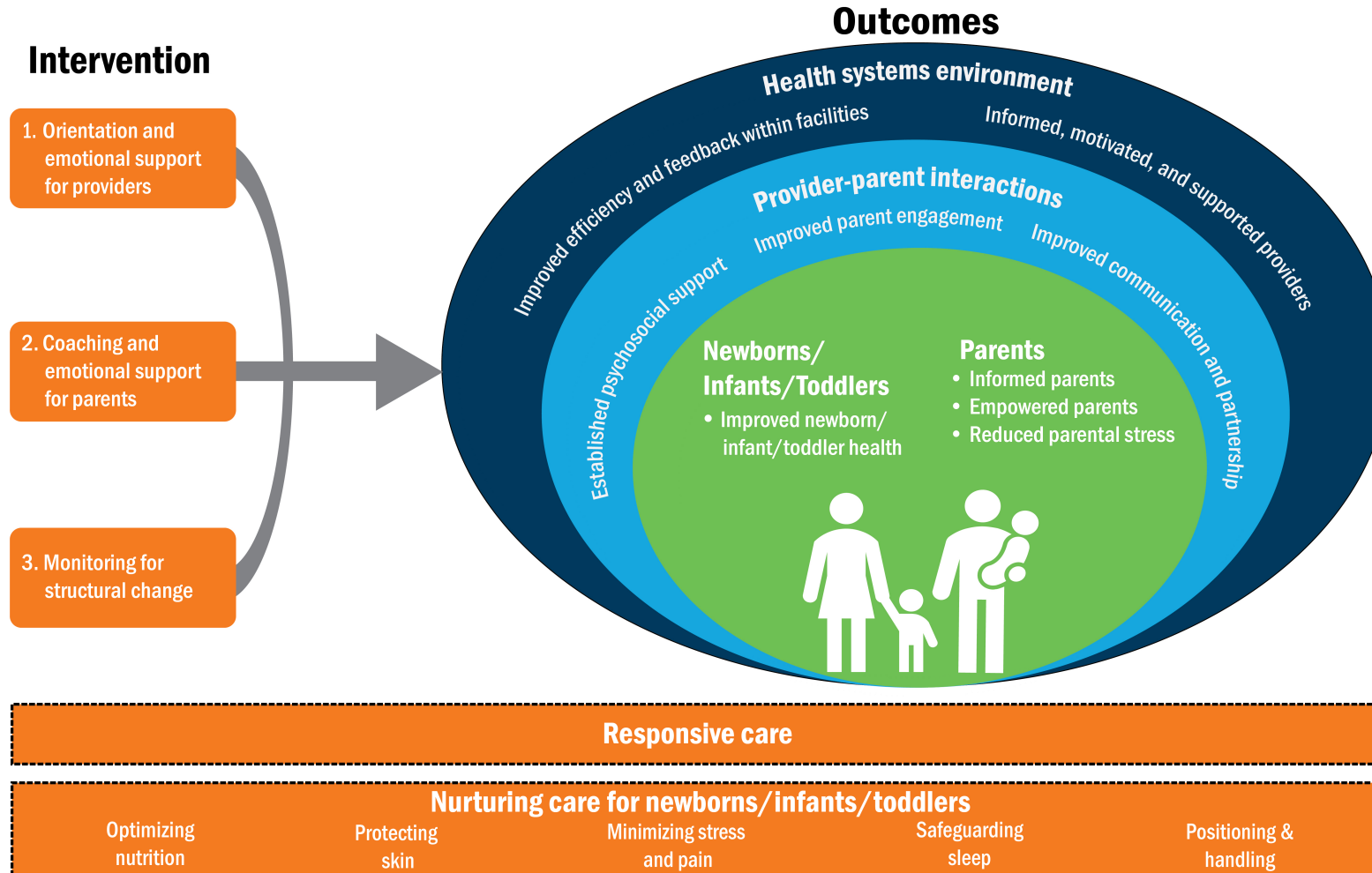
The goal of this study is to document and assess the dynamics of implementing interventions to shift behaviors of providers to improve facility-based experiences of and parents/caregivers in caring for their sick newborns, infants, and toddlers up to 24 months of age in hospital settings.

Study Objectives

1. To assess the feasibility, acceptability and effectiveness of a family integrated model to strengthen provider-parent communication and integrate positive engagement and nurturing care of young children in practice
2. To determine the effectiveness of a family integrated model on shifting provider norms, behaviors and outcomes related to motivation, efficiency and psychosocial support
3. To establish how parents or caregivers can be better informed and empowered in order to reduce parental stress and to improve newborn, infant and toddler health
4. To determine how provider communication, counselling and parental coaching improves provider-parent partnerships and parental engagement in caring for their sick newborn, infant or toddler
5. To describe the implementation of a family integrated model within the context of a COVID-19 pandemic.

Theory of change

Enhancing respectful, nurturing, and responsive care for sick young children (0–24 months)



*parent denotes family caregivers, guardians, members of extended family

Location of the study

Health facilities & communities in:

Nairobi County

- Pumwani Maternity Hospital (Kamkunji Sub-County)
- Mama Lucy Kibaki Hospital (Embakasi East Sub County)
- St Mary's Mission Hospital (Langata Sub-County)

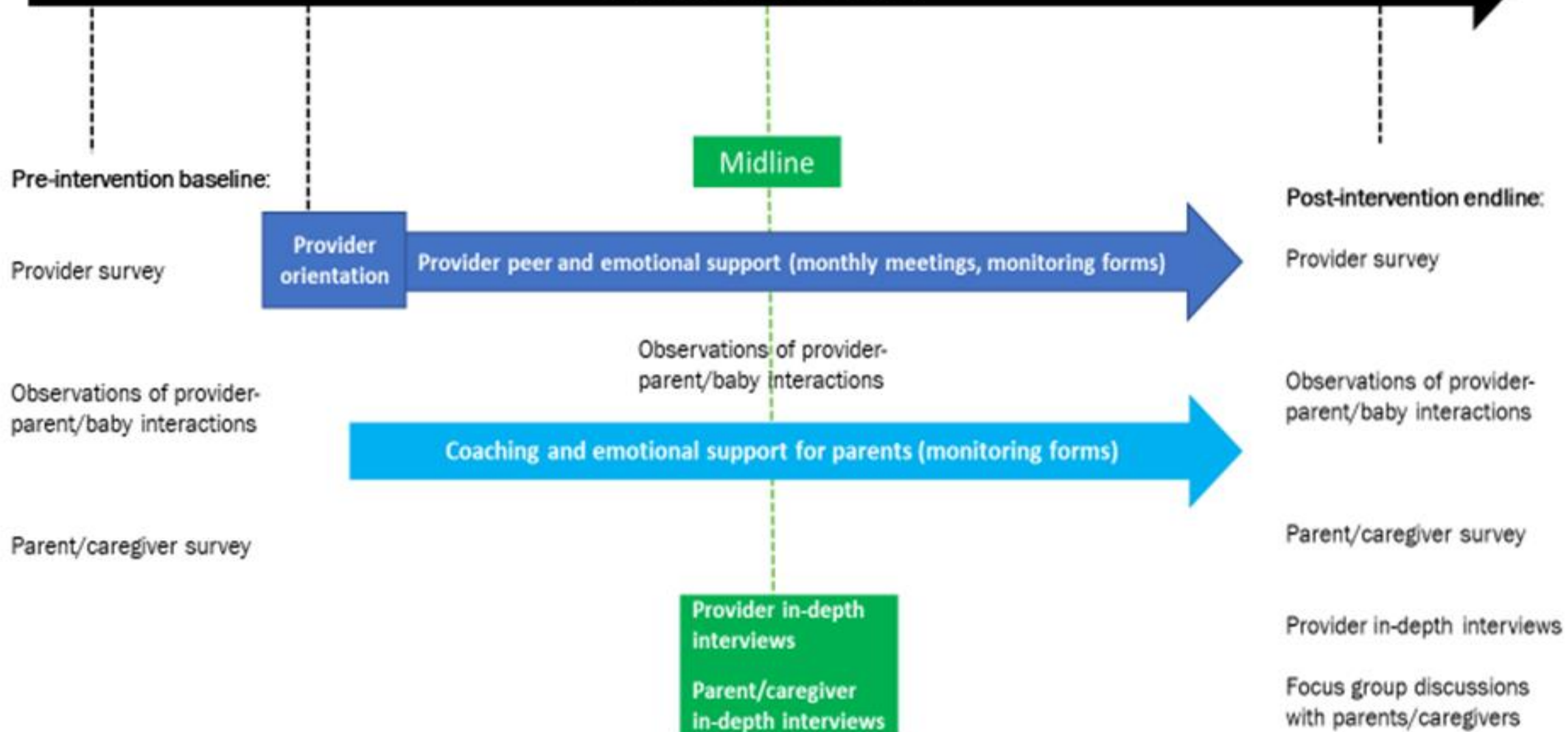
Bungoma County

- Bungoma Referral Hospital
- Webuye County Hospital



Mixed method design and intervention

Study Timeline (~12 months)



Baseline Data Collection – Provider Survey

Telephone interviews with providers in the 5 facilities (n=154)

- Provider norms and biases
- Knowledge, attitudes, and awareness of essential newborn and toddler care, including nurturing care components
- Peer interactions, psychosocial support, motivation, and engagement and communication with parents and families as well as
- Provider experiences in engaging with parents in the COVID-19 context
- Providers were asked about their emotional status and fatigue

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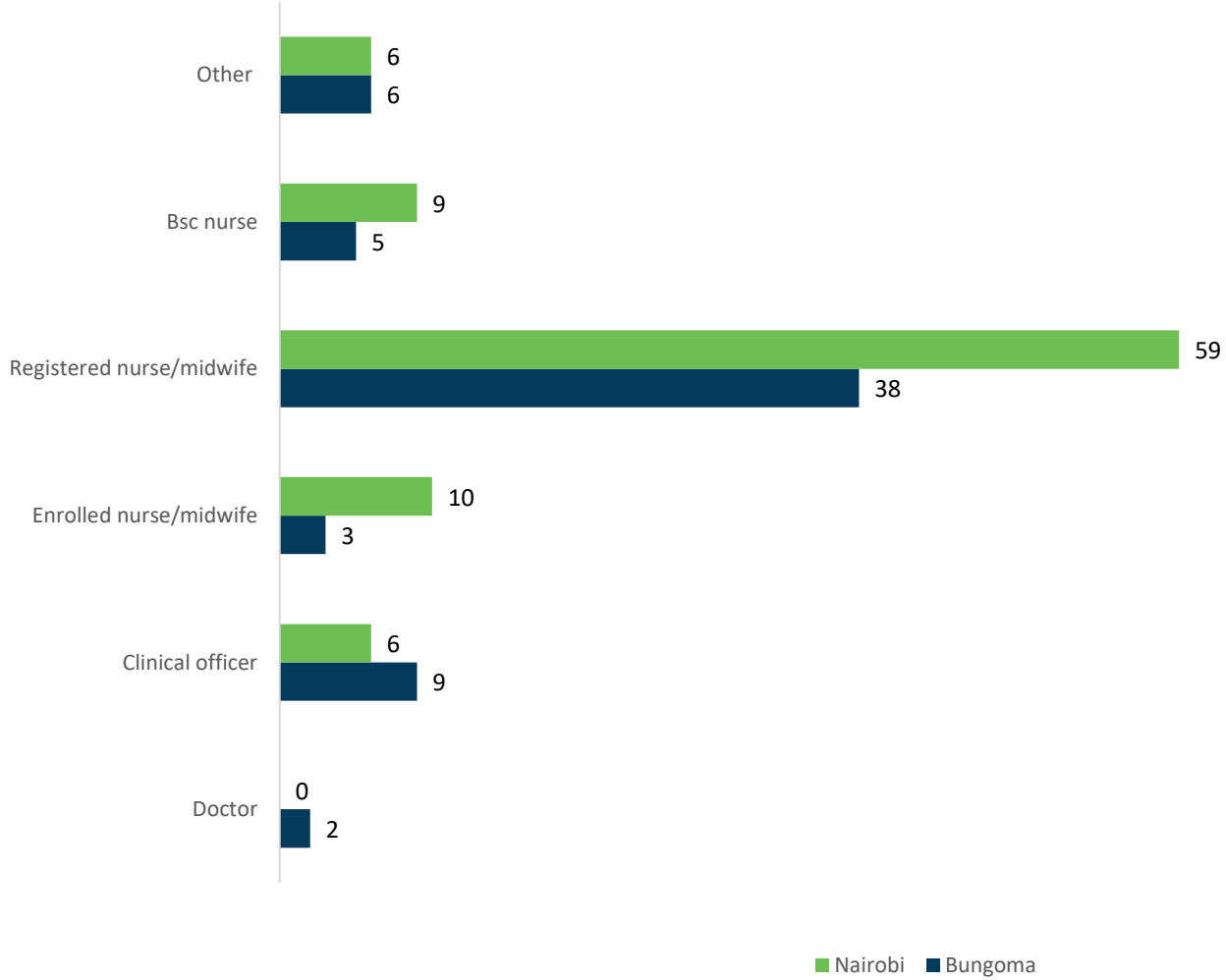
Baseline Findings Provider Assessment



Provider Characteristics by County

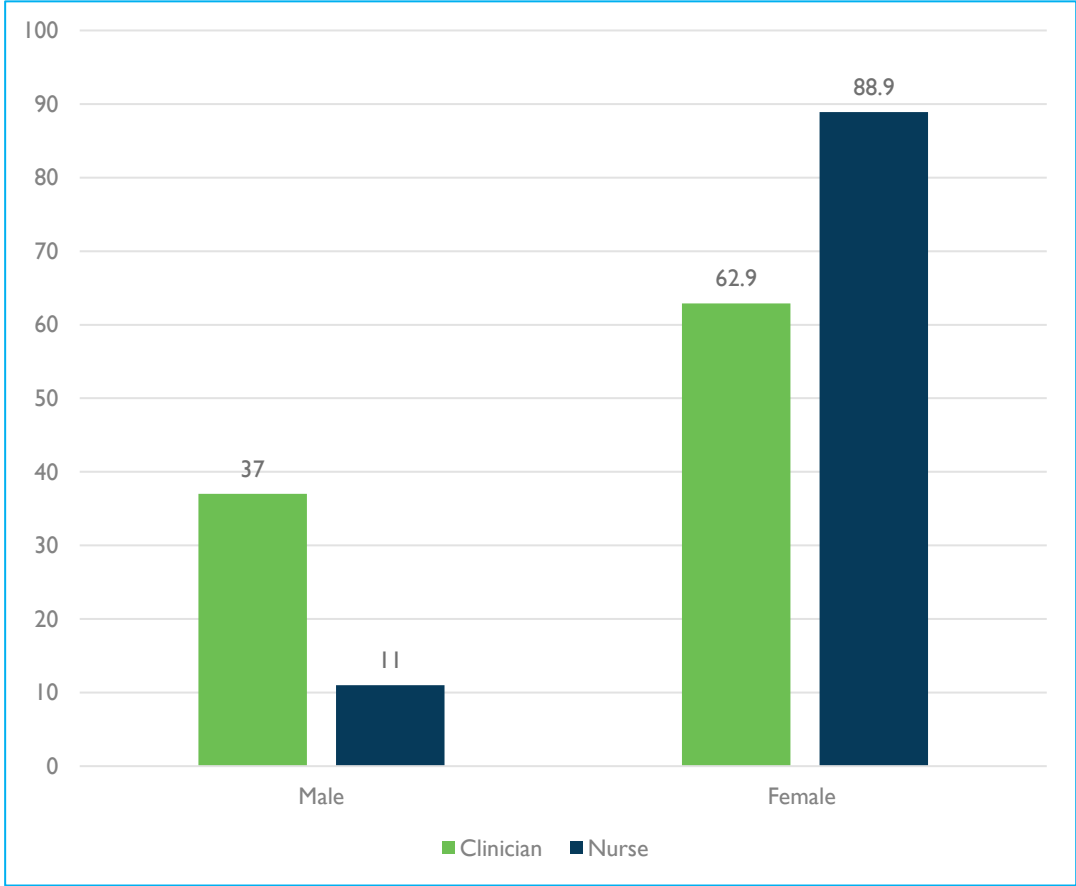
	Bungoma (n=63) %	Nairobi (n=91) %	Total (n=154) %	P-values
Gender				
Male	19.0	13.2	15.6	0.324
Female	81.0	86.8	84.4	
Age of provider				
Average age – mean (SD)	35.1 (9.3)	39.9 (10.2)	38 (10.1)	0.004
Average period working in the:				
Health sector (SD)	10.7 (9.0)	15.4 (9.8)	13.6 (9.7)	0.004
Facility (SD)	6 (5.1)	9.1 (8.0)	7.9 (7.2)	0.018
Unit/Departement– mean (SD)	4.6 (3.9)	4.5 (4.3)	4.5 (4.1)	0.918

Professional qualification per county

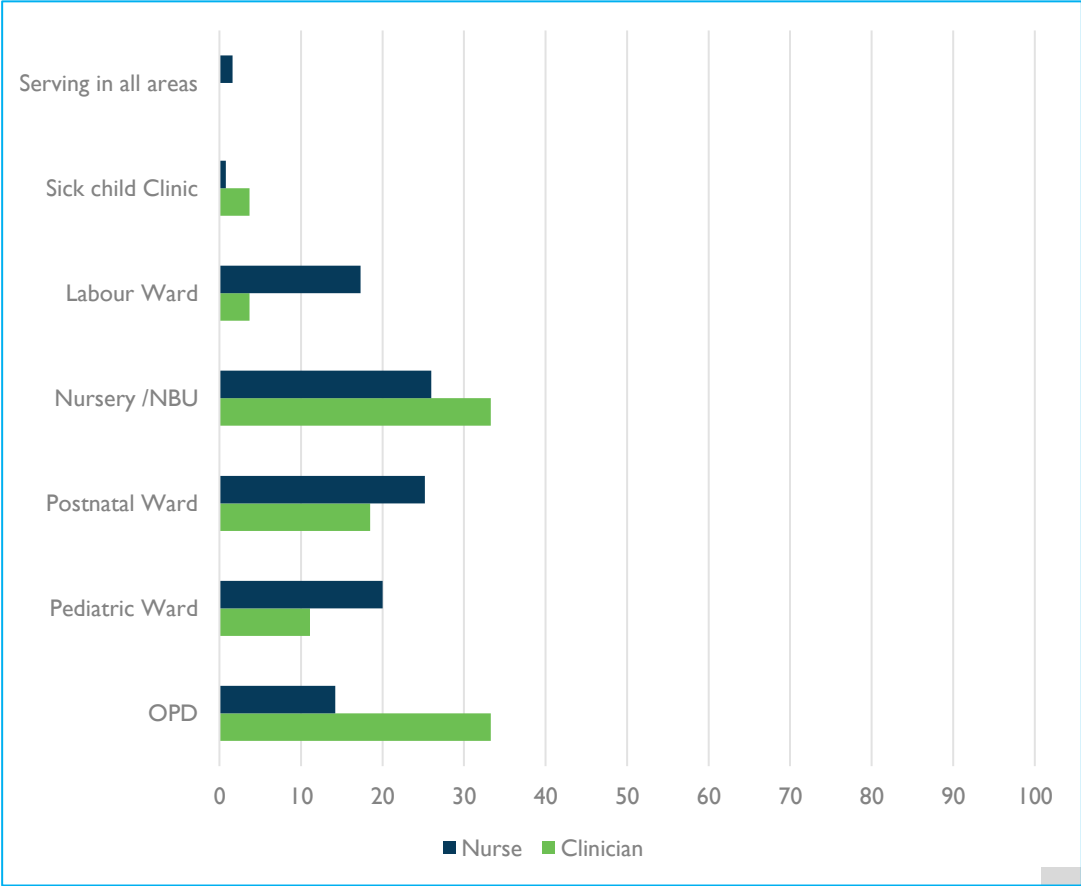


Characteristics- by provider type

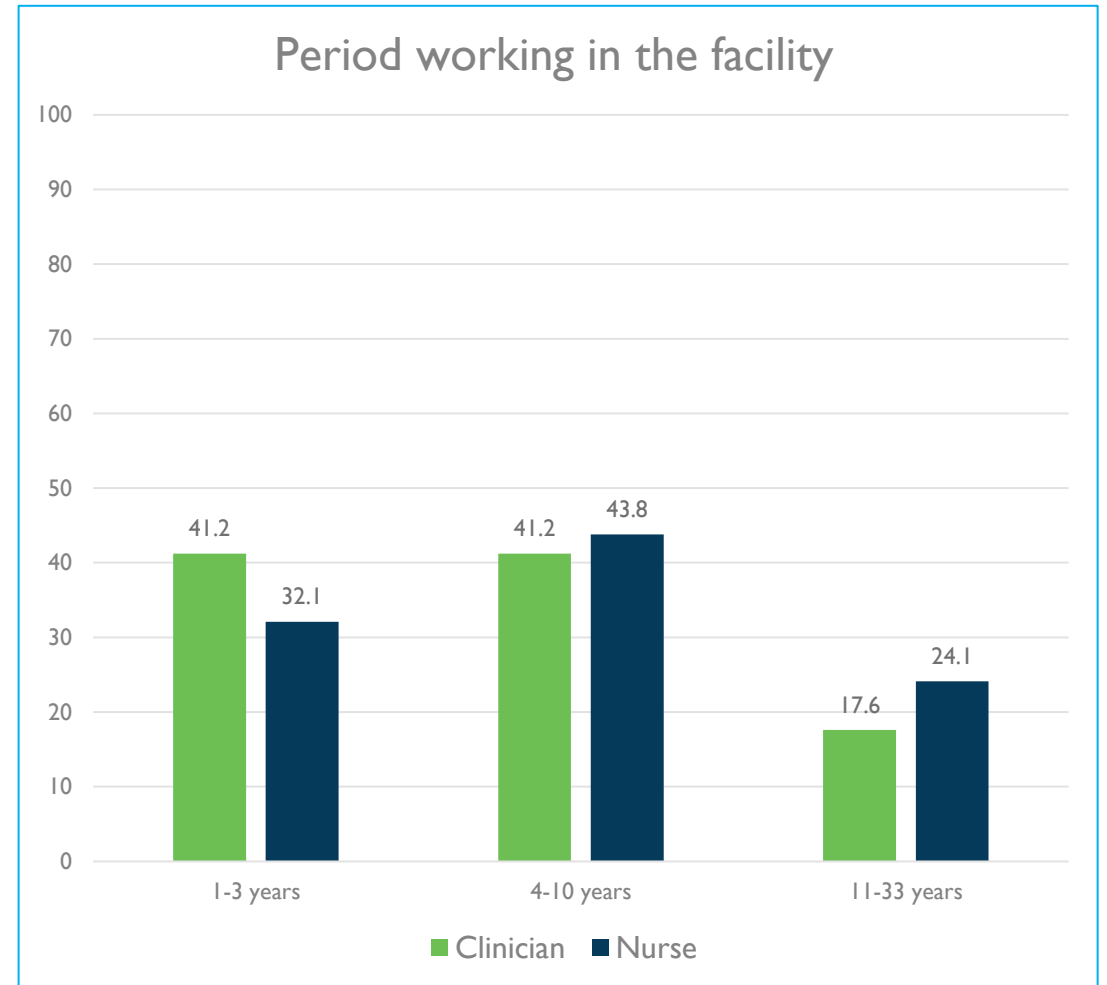
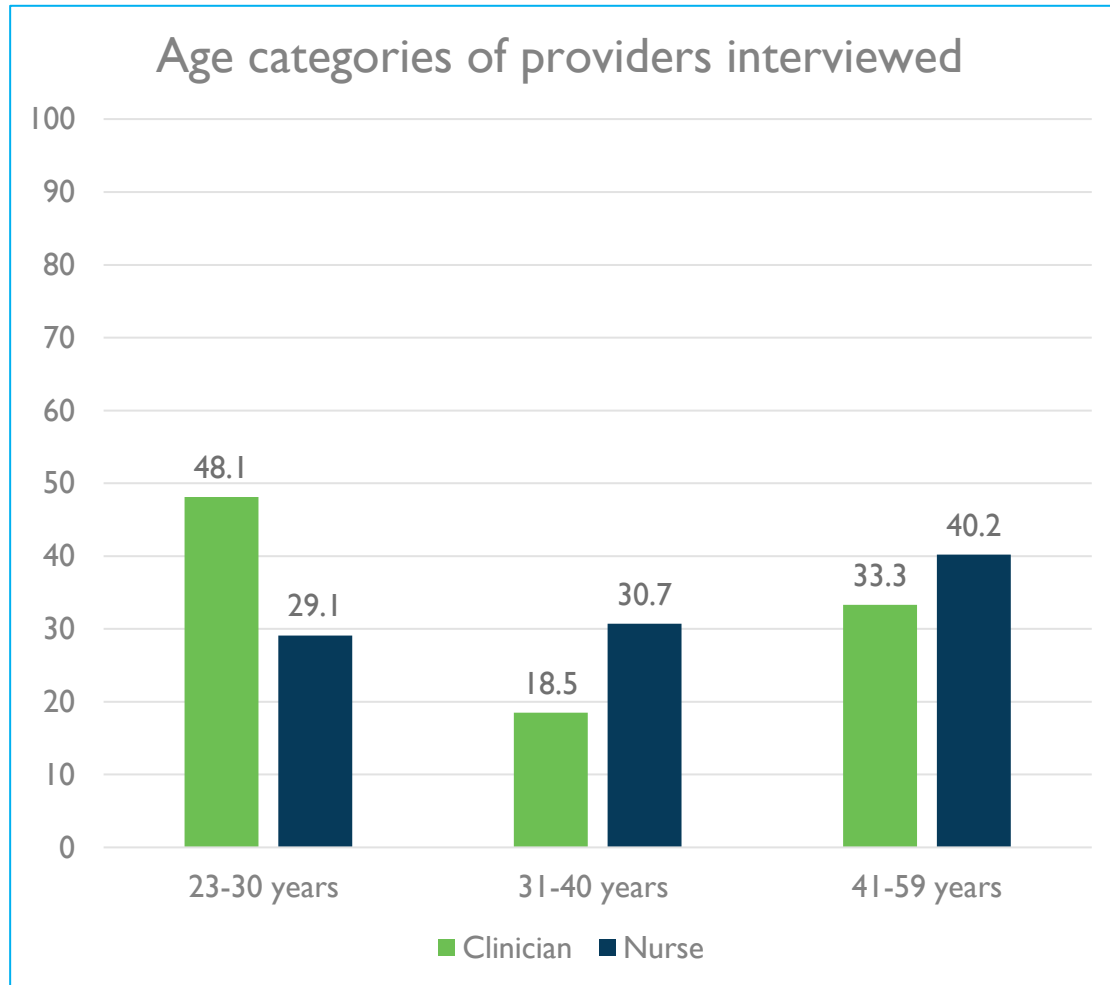
Gender of providers



Department



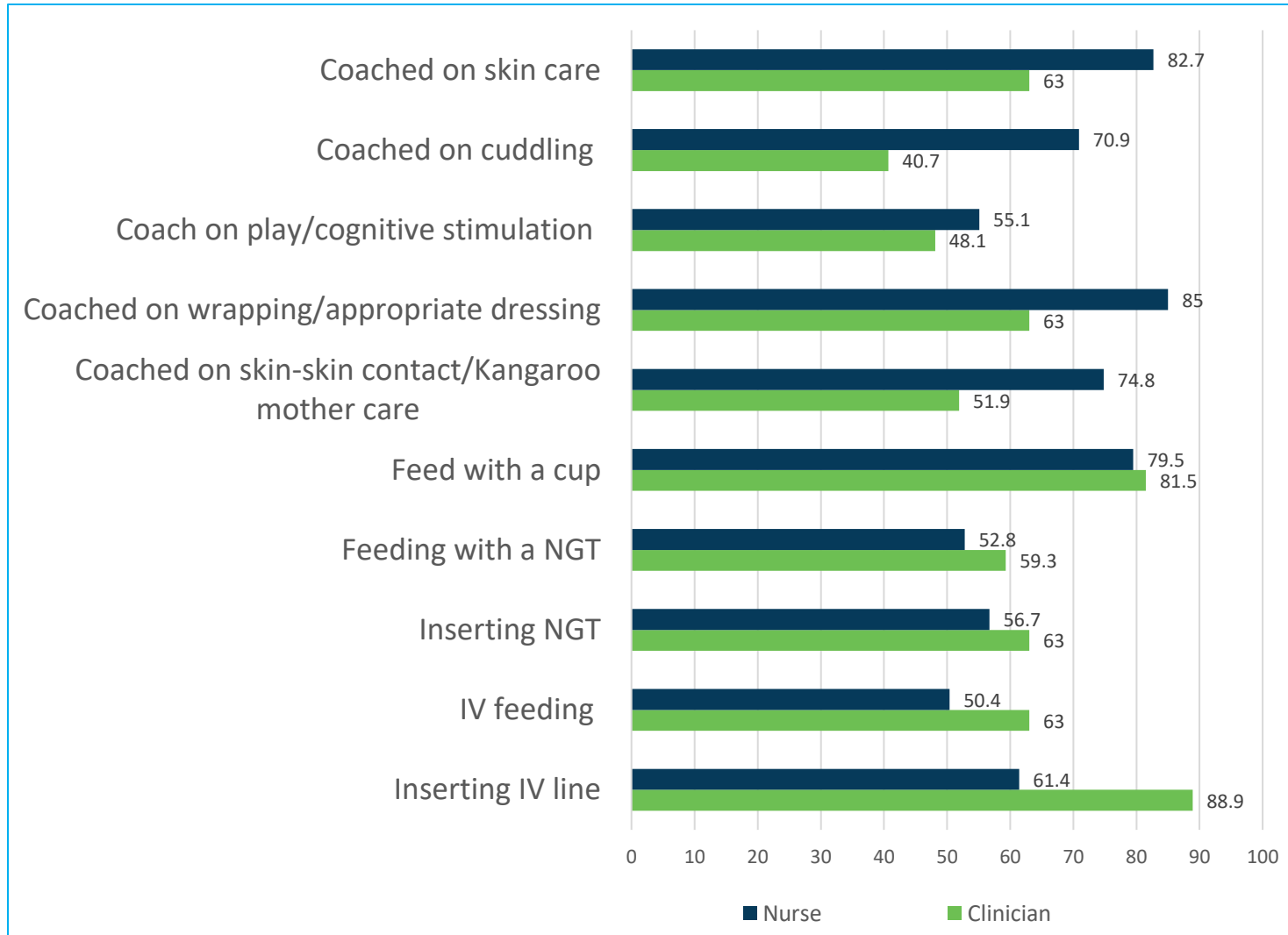
Characteristics of providers



Training received in the last 12 months

% trained in the following areas	Clinician N=27	Nurse N=127	Total N=154	P values
Newborn resuscitation	48.1	44.9	45.5	0.757
Basic care of the newborn	29.6	35.4	34.4	0.564
Kangaroo mother care	37.0	27.6	29.2	0.325
Special care of the newborn (sick)	37.0	26.8	28.6	0.284
Emergency triage assessment and treatment	44.4	22.8	26.6	0.066
Orientation on COVID 19 guidelines	22.2	22	22.1	0.984
Integrated management of childhood illness	33.3	13.4	16.9	0.012
Targeted postpartum care for the mother	11.1	12.6	12.3	0.831
Medical management of children living with HIV/AIDS	18.5	8.7	10.4	0.127
Nurturing care	11.1	8.7	9.1	0.688
Child cognitive development	3.7	6.3	5.8	0.780

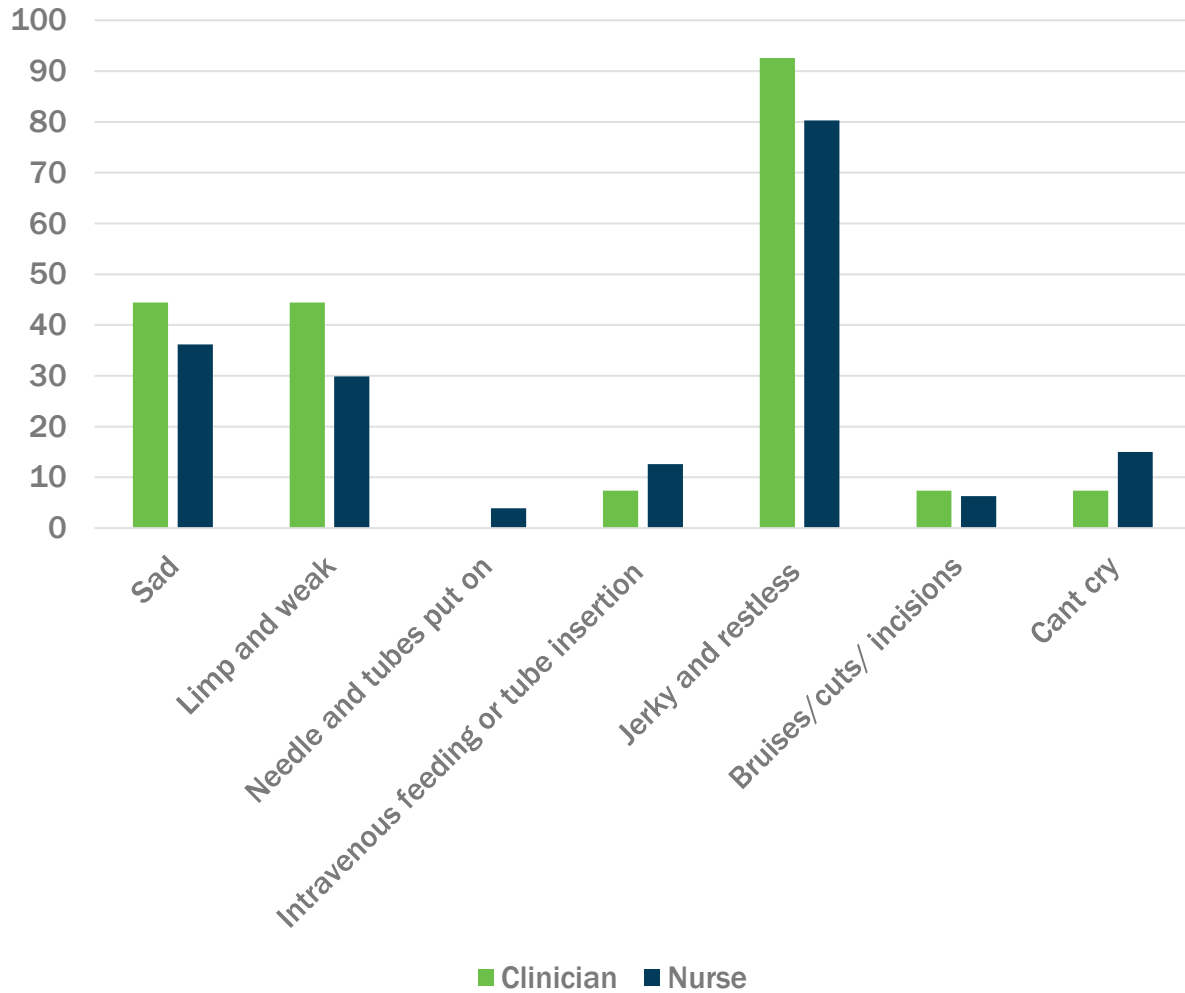
Procedures performed by providers in the last 3 months



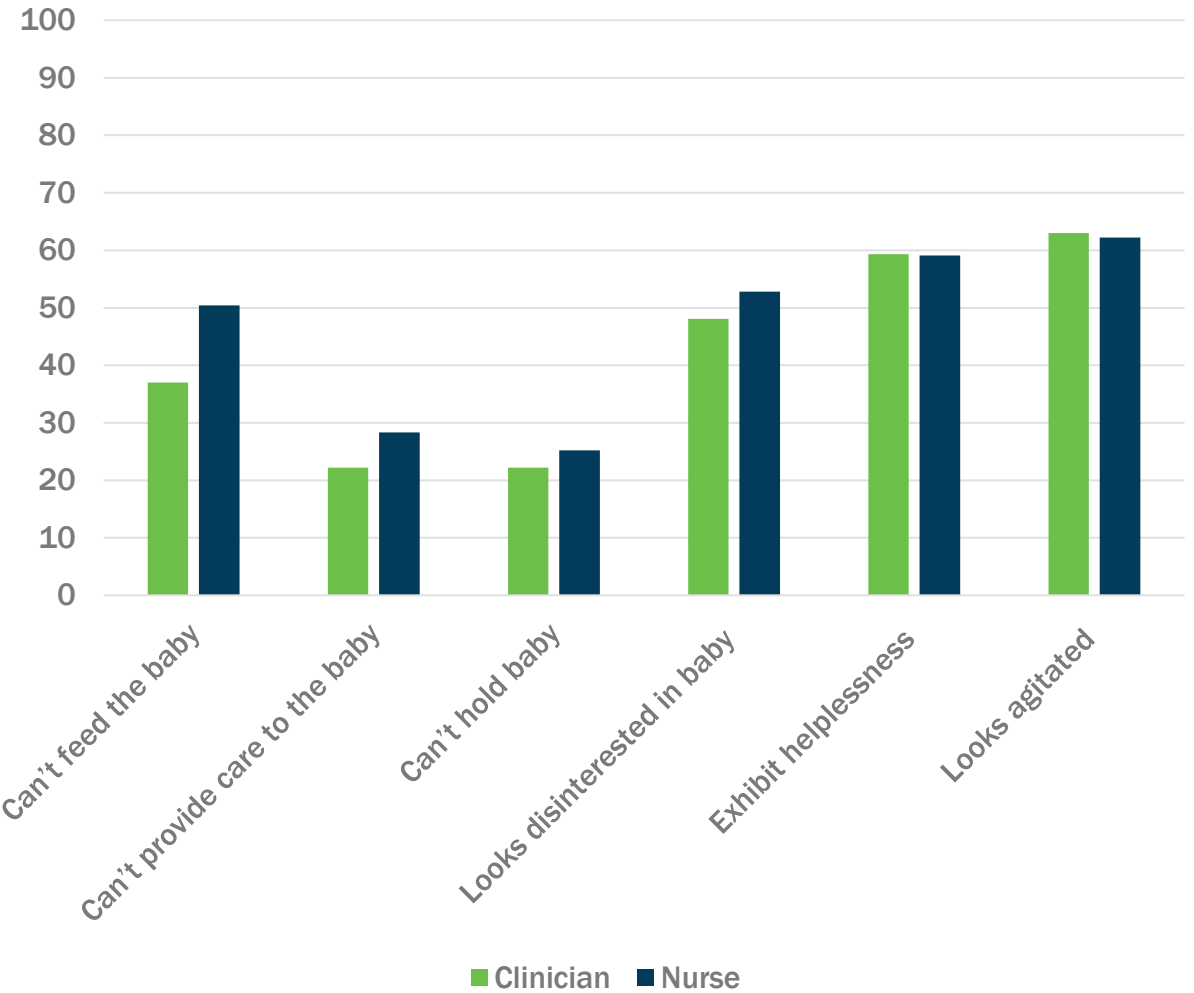
- **48% of doctors/clinical officers and 55% of nurses have coached parents on play/cognitive stimulation**
- **74% of nurses have coached parents on skin to skin care/Kangaroo mother care**
- **Of the nurses, who indicated they have performed coaching over 95% felt comfortable conducting those tasks**

Knowledge and Experience on Nurturing care Elements

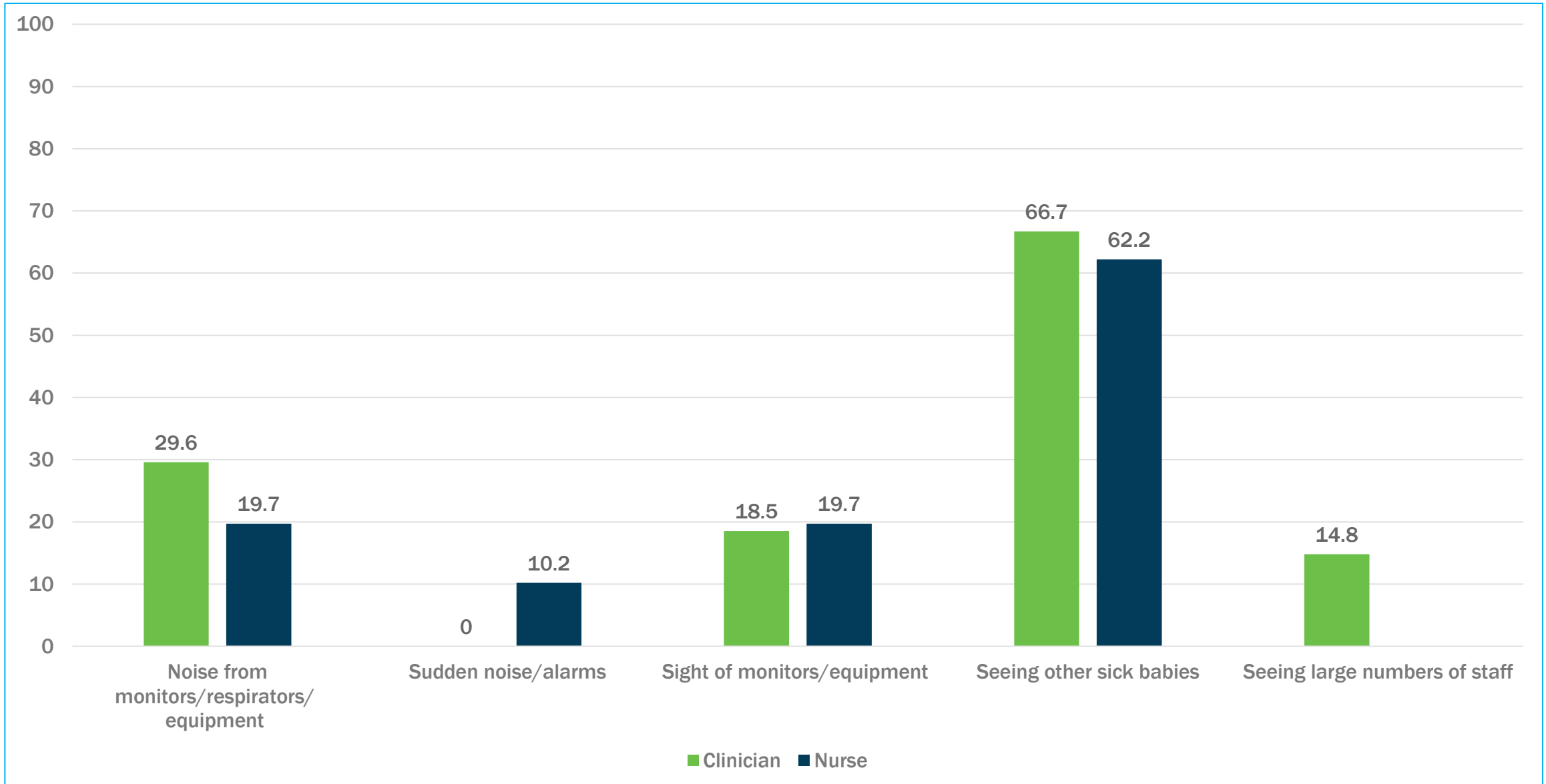
Knowledge of pain in babies



Knowledge of stress among parents



What overwhelms parents in wards

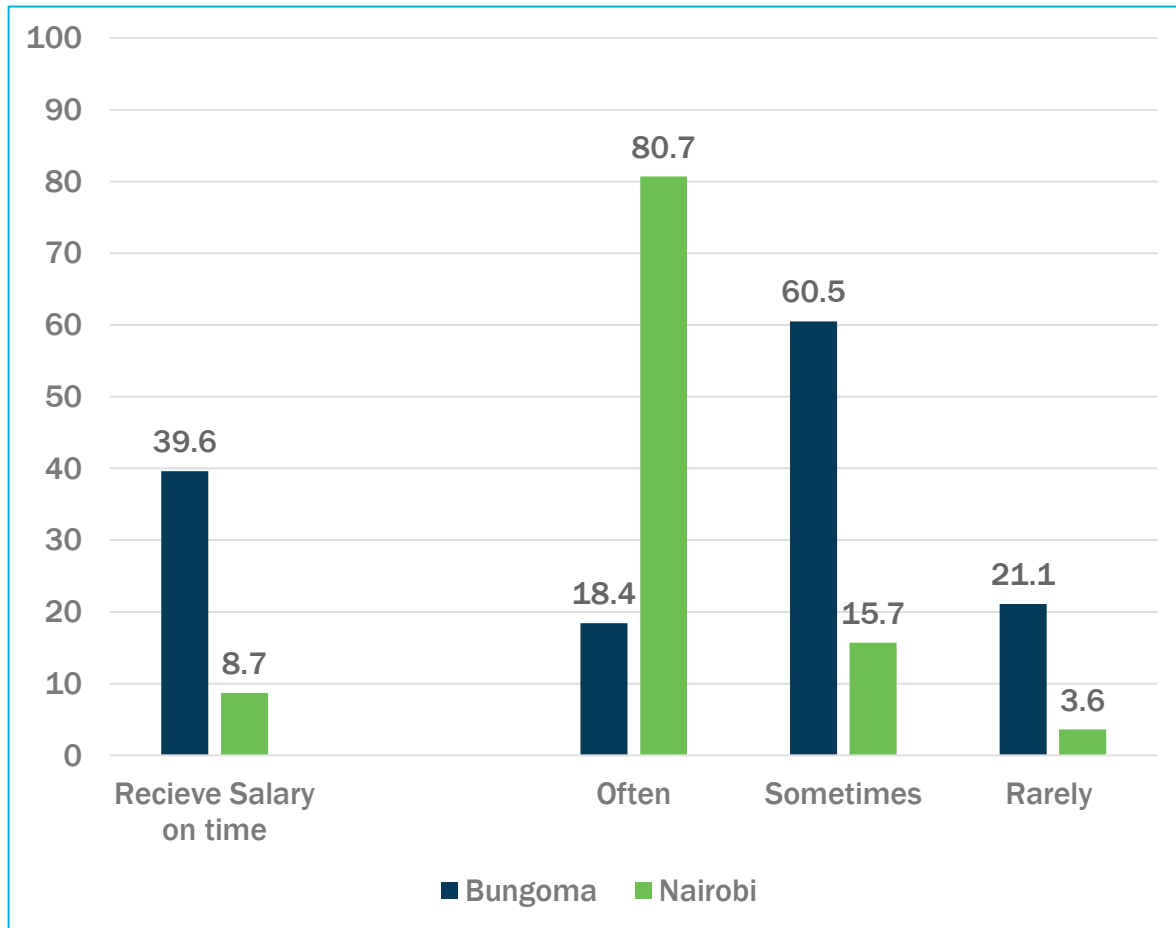


Nurturing care components

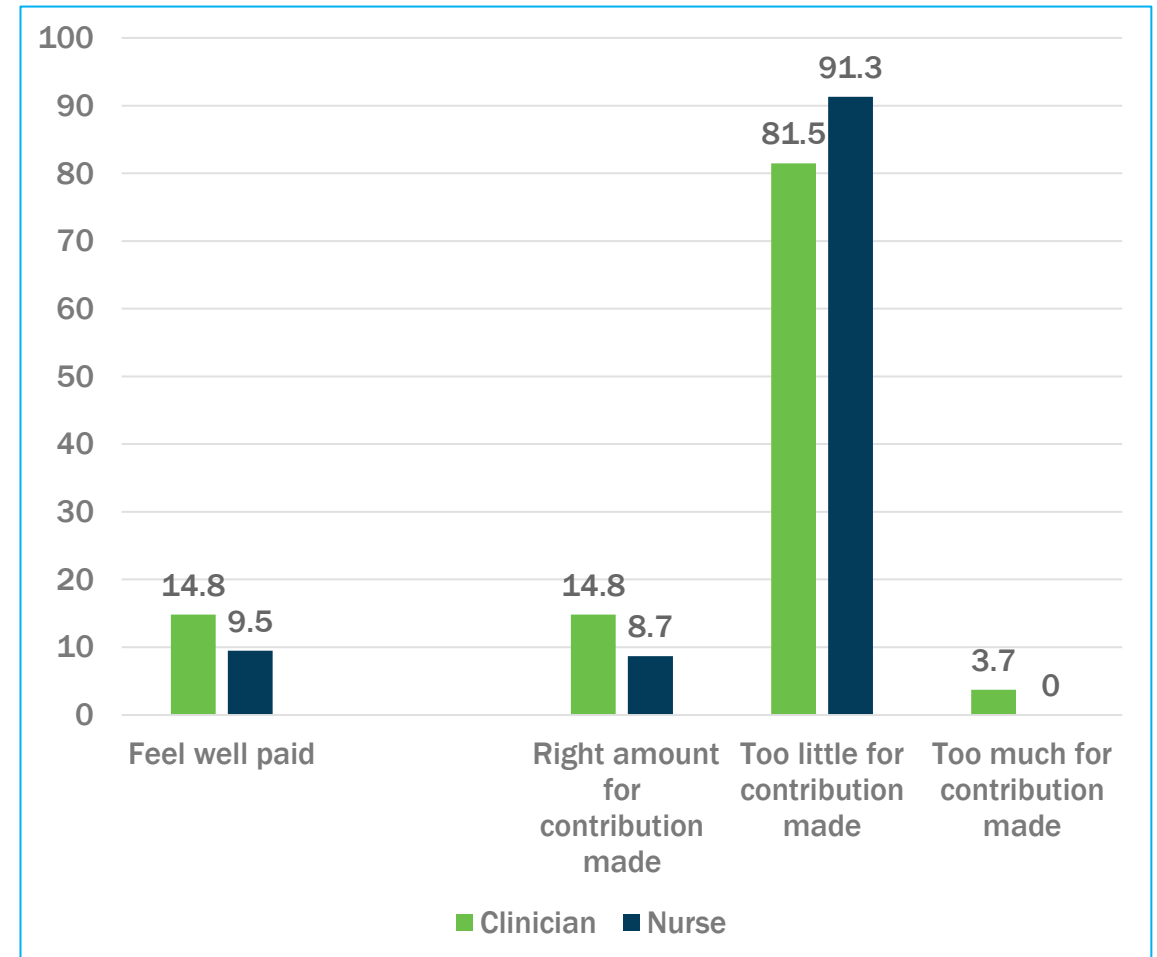
Scores of Nurturing care components	Clinicians	Nurse	Total scores	P value
Pain in children (0-6) (SD)	2.0(1.1)	1.8(1.2)	1.9(1.2)	0.448
Parental stress (0-5) (SD)	2.8(1.1)	2.7 (1.5)	2.7(1.5)	0.399
Environmental stressors to parents (0-6) (SD)	1.3(0.9)	1.4 (1.1)	1.4(1.1)	0.746
Ensure adequate feeding 0-28 days (0-17) (SD)	4.2 (2.2)	5.7 (2.6)	5.46 (2.5)	0.009
Ensure adequate feeding 29 days -2 years (0-21) (SD)	4.7 (2.3)	4.9 (2.3)	4.9 (2.3)	0.686
Safeguarding sleep 0-28 days (0-12) (SD)	3.1 (1.6)	4.1(1.9)	3.9 (1.9)	0.216
Safeguarding sleep 29-2 years (0-12) (SD)	4.1 (2.2)	4.2 (2.2)	4.1 (2.2)	0.838
Positioning and handling 0-28 days (0-11) (SD)	3.4 (2.0)	3.6 (2.1)	3.6 (2.2)	0.573
Positioning and handling 29 days- 2 years (0-11) (SD)	3.3 (2.4)	3.4 (2.5)	3.4 (2.5)	0.851
Protecting skin 0-28 days (0-11) (SD)	3.8 (1.8)	4.6 (2.2)	4.5 (2.2)	0.061
Protecting skin 29 days 2 years (0-11) (SD)	3.2 (1.5)	3.9 (1.9)	3.8 (1.8)	0.087

Motivation of providers

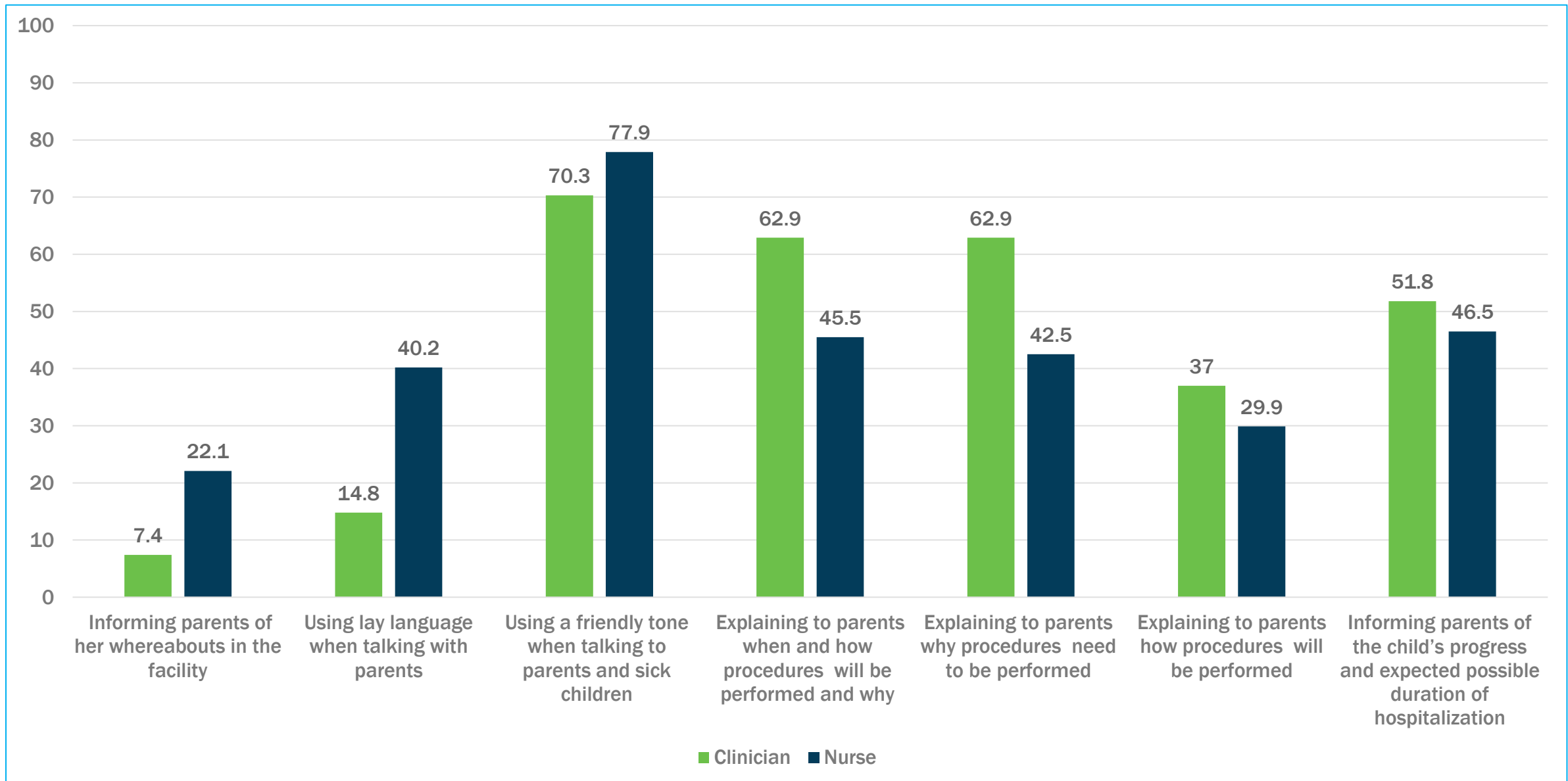
Receipt of salary & frequency of Lateness



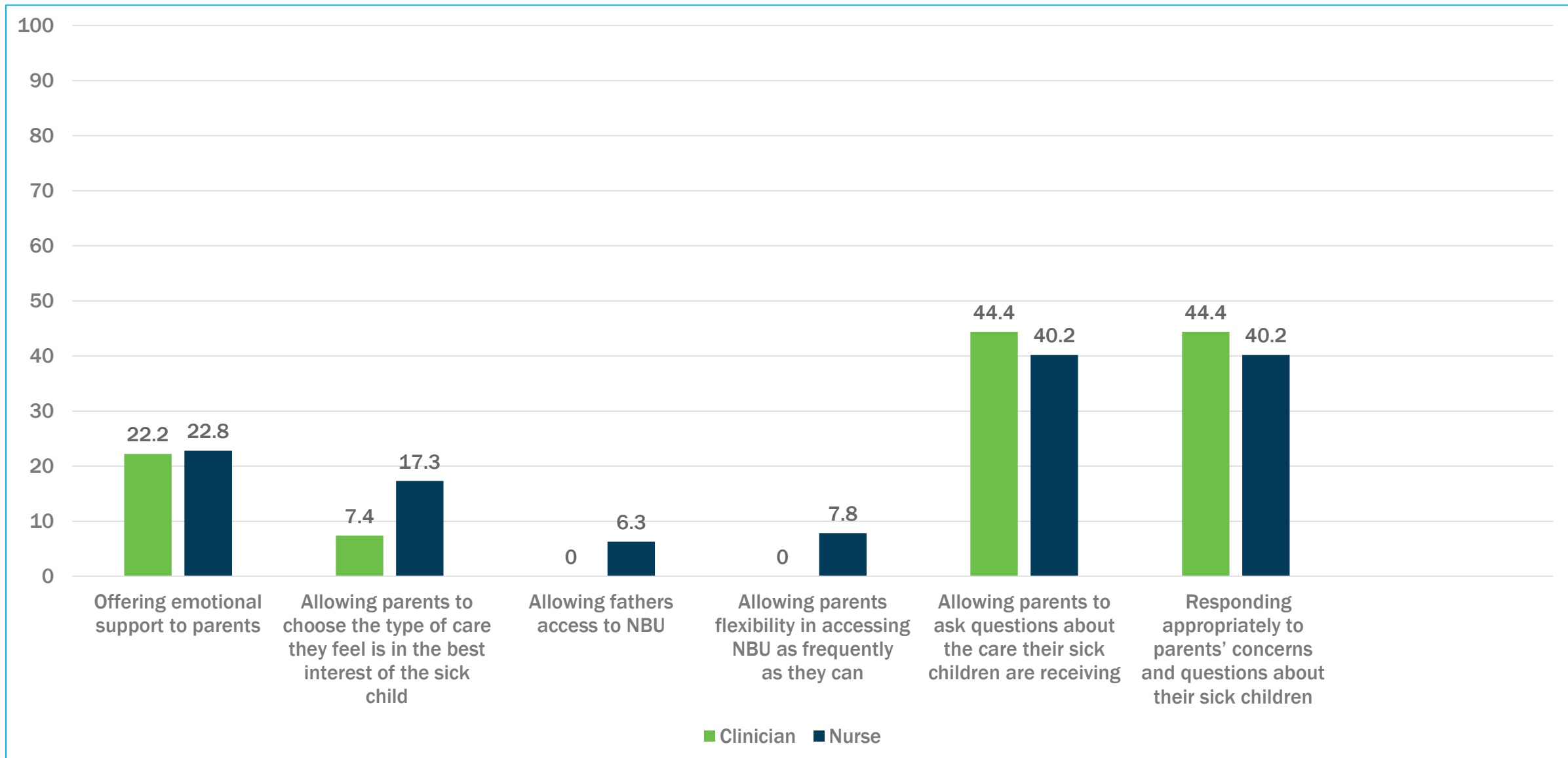
Perception of payment received



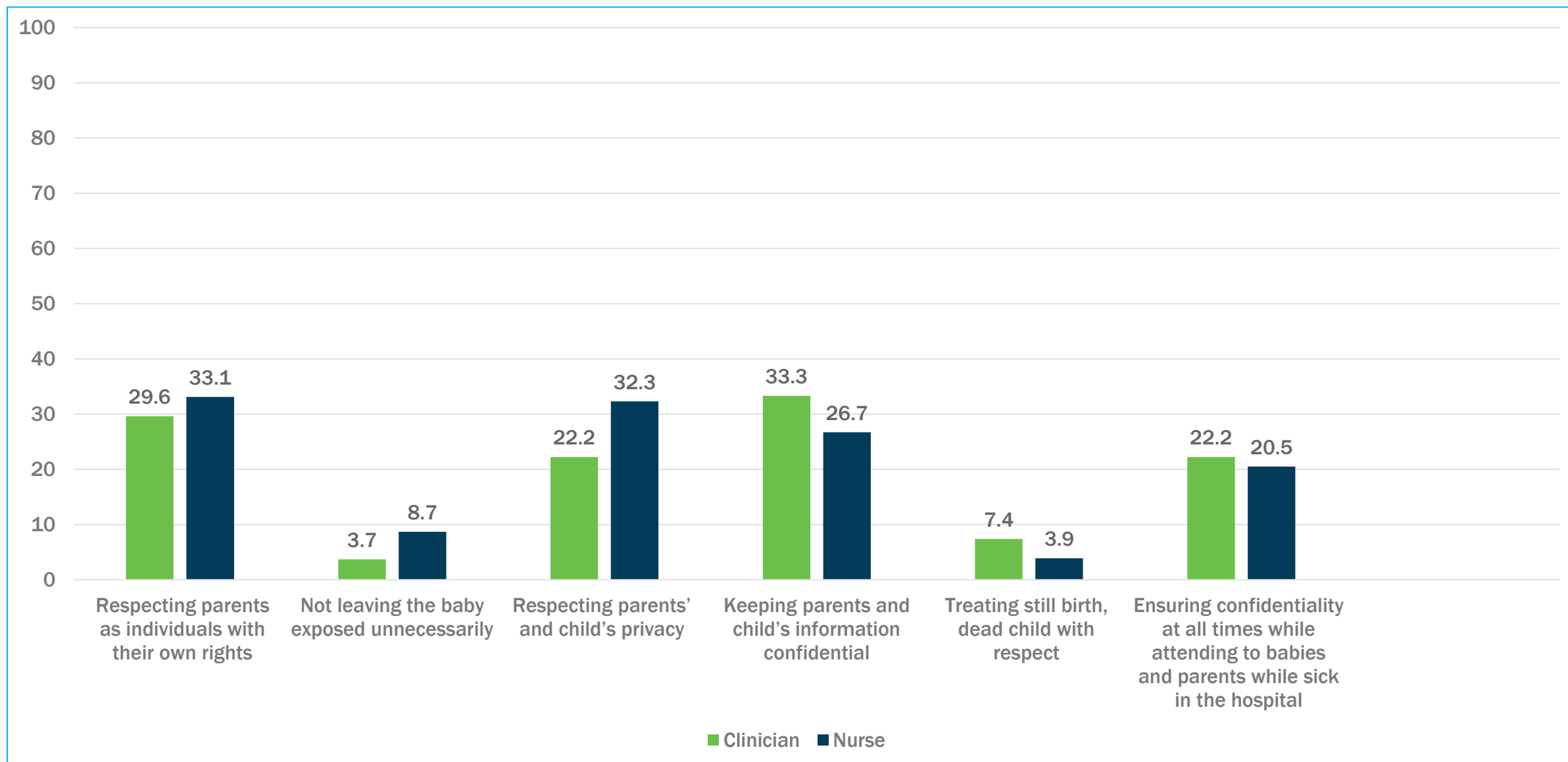
Mutual interactions: Communication



Mutual interactions: Support and engaging parents



Mutual Interactions: Respect and confidentiality



Summary of key findings

- Very few (9%) of clinicians and nurses have received training on nurturing care
- Providers reported coaching parents on some elements of nurturing care in the last 3 months however they also scored low on knowledge of nurturing care components
- Limited awareness of harsh or stressful environments in the wards that may overwhelm parents and children
- Variability among providers on communication with parents on procedures
- Limited knowledge and awareness on how to meaningfully engage with parents in the care of their sick child and respect a child's rights
- Providers are working in challenging environments (late and inadequate pay)

Implications

- Emphasize on the “healing environment” for parents and children as part of **nurturing care**
 - Quiet environment
 - Partnering with parents
 - Providing emotional support
 - How to deal with stress for providers
- Increase awareness and knowledge on “the communication charter” and “respect and confidentiality” to help foster positive interactions between providers and parents
- Work with the existing structures e.g., QITs for a supporting environment for providers to implement nurturing care

THANK YOU

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